ABSTRACT

U.S.-Canadian Academy of Pathology
Presented March 6, 1990
Boston, Mass.

Presentor: Warren Maltzman

A NON ISOTOPIC HYBRID CAPTURE ASSAY FOR HIV NUCLEIC ACID SEQUENCES. L.S. Lee, H. Payne, C.-Y. Ou, G. Schochetman, and W. Maltzman, Enzo Biochem, New York, NY. and Centers for Disease Control, Atlanta, GA.

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iroshima and Nagasaki ...
ed to gamma and neutron
Cancer (SCLC) made up 48% of
% of the HN cases whereas
le up 34% of the HN cases and
. Squamous cell carcinoma was
id 28% of the UMC. Among the
smoking in the HN but not the
tion of AC was lower in the HN

EPITOPE, D-14, IN BARRETT'S ESO-
AL ADENOCARCINOMA. JA Lapa MD* and
Naval Medical Center and *National
, Maryland.
was to evaluate the immunoperoxidase
hageal adenocarcinoma (EA), dysplastic
) and non-dysplastic Barrett's epithe-
out inflammatory atypia. In particu-
e monoclonal antibody D-14, which is
ecific CEA epitope expressed in colonic
enocarcinoma. Four cases of EA, 4
NDBE (intestinal-type) and 5 cases of
stained by the avidin-biotin complex
era to D-14 (E-Z-EM), CEA (Dako),
keratins (Dako) and monoclonal low mo-
(Becton-Dickinson, Boehringer-Mannheim
. Intensity and pattern of staining
nocarcinomas showed 1-3+ lumenal and
r D-14. Lumenal staining (1-3+) was
DBE and 6 of 9 cases of NDBE. Only
plasmic staining for D-14 were seen in
ases, both NDBE. The other antibodies
, failed to demonstrate differentiating
.cs. We conclude that EA shows strong
vith D-14, while DBE and NDBE do not.
eria for EA are not met, but strong D-14
is present, rebiopsy is recommended. The
d not help to differentiate DBE from NDBE.

BREAST CARCINOMAS - A COMPARISON BETWEEN
IMAGE ANALYSIS AND FLOW CYTOMETRY
W.M.Hamilton, B.Kamat, G.J.Heatley,L.Cook,
ic Medical Center, Burlington, MA., New
spital & Harvard Medical School,Boston,MA
iterized image analysis(IA) and flow cytom-
ne DNA ploidy of 30 invasive breast carcin-
n-stained slides of touch preparations and
cytospin preparations were analyzed with
nalyzer(CAS, Elmhurst,IL). FCM, using the
ilter,Hialeah,FL), was performed on disagg-
. stained with propidium iodide. The results
FCM as the standard. The DNA indices meas-
hniques showed close correlation by linear
:(R=0.964, p<0.001). There were 16(53%)
) aneuploid tumors, the latter consisting of
d and 2(14%) tetraploid tumors, and 3(21%)
le aneuploid peaks. There was agreement be-
n 28 of 30(93%) tumors. A trend was observed
, and negative estrogen receptor expression,
ade and mitotic rate, and lymphatic-vascular
ired smaller tissue samples, and permitted
visualization and selection of tumor cells.
fered better resolution and greater sensiti-
ng the presence of multiple aneuploid peaks,
rmation on the S-phase. Overall, the two
ed comparable results and were complementary
DNA ploidy of breast carcinomas.

Results ... associated with chorioamnionitis ... abnormalit... despite the negative correlation of hyaline funisitis. membrane disease and fetal pneumonia, there were 10 (10%) patients with both conditions and 19 (20%) with hyaline membrane disease and inflammation of membranes, cord, and/or lung. In some instances, hyaline membrane disease was attributable to oxygen therapy but in other cases, fetal pneumonia and hyaline membrane disease coexisted, suggesting a possible pathogenetic relationship.

327 EXPRESSION OF BLOOD GROUP ANTIGEN A (BGAA) EPITOPE ON TUMOR CELLS: A FAVORABLE PROGNOSTIC FACTOR FOR SURGICALLY RESECTED NON-SMALL CELL LUNG CANCER (NSCLC).

J. Lee, J. Ro, A. Sahin, W. Hittelman, B. Brown, C. Mountain, and W. Hong. M. D. Anderson Cancer Center, Houston, TX

Previously, we reported that expression of epidermal growth factor receptor (EGFR) on tumor cells, assessed by an anti-EGFR monoclonal antibody 29.1 and the ABC immunoperoxidase technique, is an important prognostic factor for patients (pts) with NSCLC (Proc ASCO 8:226,1989). However, this antibody was found to cross-react with the BGAA epitope which prompted us to examine the ABH blood group antigen expression on paraffin-embedded NSCLC tumor sections using monoclonal antibodies for blood group antigen A and B, and Ulex europaeus agglutinin I for H antigen. Of 164 pts, who survived at least one month after surgery, 61 pts had a blood type A, 20 type B, 73 type O, and 10 type AB; postsurgical stages were I in 68, II in 32, and III in 64 pts. Of 71 pts with blood type A or AB, 42 (59%) pts who had BGAA positive tumors survived significantly longer than the other 29 pts with BGAA negative tumors ($p < .001$) with a median survival of 70 and 15 months, respectively. This difference was independent of tumor stage, histologic grade, or cell types. In comparison, a median survival for 93 pts with blood type B or O was 39 months ($p = .047$). Expression of blood group antigen B or H on tumor cells, however, was not a significant prognostic factor. These data indicate that expression of BGAA epitope on tumor cells is an important prognostic factor for NSCLC and it might play an important role for the regulation of tumor growth.

328 A NON ISOTOPIC HYBRID CAPTURE ASSAY FOR HIV NUCLEIC ACID SEQUENCES.

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... pericentral distribution ... immunohistochemical demonstration of zone 3 hepatocytes in 5/8 trans mates were negative. No dysplastic found. At the level of expressio these transgenic mice, the HBV X acting as an oncogene and its requires further study.

330 * PRIMARY MALIGNANT LYMPHO IMMUNOHISTOCHEMICAL ANI

W.J. Lennington, J. Greer, H. Schwartz, R University Medical Center, Nashville, TN.

Primary malignant lymphomas of bo presenting in bone with no evidence o reviewed 13 cases of primary ML of bone open biopsy in 9 patients and Craig need to 83 years of age with a male:fem examination, 9 cases were categorized ML, and 3 cases were small cell ML. Dia microscopy in 3 cases and by positive in in all 13 cases.

Paraffin sections in all cases immunoperoxidase panel: L-26; LN1, Leu 22 (pan-T cell markers); and immur and CD30 were added to the panel in cell ML, 1 small non-cleaved ML, and cell phenotypes (L-26, LN1, and/or LN were identified in 3 of the B-cell ML. features (1 case:UCHL+, Leu 22-; 1 ca One T-cell ML was positive for CD15 ar

In summary, most primary ML of and are at least intermediate grade. by immunohistochemistry; however, T-cell phenotypes and plastic embed wider variety of lymphoid antigens generally satisfactory in open biops Craig needle biopsies. Decalcificat with paraffin immunoperoxidase de:

331 LARYNGEAL AMYLOIDOSIS: A REVIEW.

J. Lewis, P. Kurt Rochester, MN.

We have reviewed the clinicopa of 22 cases of laryngeal amyloid There were 11 males and 11 fem years. Hoarseness was the most involvement were the false cord concomitant tracheobronchial am involvement were detected in one Grossly, these lesions pr submucosal masses. Microscopic amorphous, eosinophilic material birefringence with the Congo re performed in 19 cases. Eight Lambda light chain was detected show definite staining for l beta-2-microglobulin were negat plasma cells were always polycl

Ten patients underwent re disease. One patient died amyloidosis. In one case, a systemic amyloidosis or hemato

Laryngeal amyloidosis is a immunohistochemical studies s patients do not develop plasm usual clinical course is re persistent or recurrent respi

Abstract

Presented at US-Canadian Academy of Pathology Meeting
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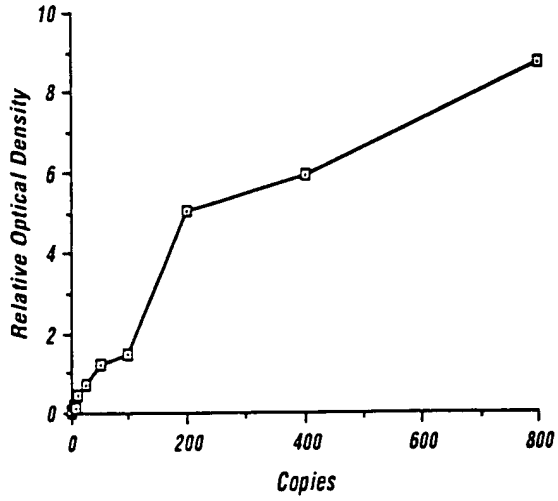
Figure 2.

DETECTION OF HIV SEQUENCES IN AMPLIFIED SAMPLES OF CONTROL REACTIONS

Sample	*Copies*	*Relative Optical Density*
2393	800,000	93.45
2410	80,000	38.28
2398	8,000	15.38
2391	800	8.74
2390	400	5.91
2395	200	5.03
2400	100	1.44
2394	50	1.19
2403	25	0.682
2397	12.5	0.455
2399	6.25	0.104
2402	3.12	0.170
2392	1.56	0.038
2396	0.00	0.014
water	0.00	0.003



Samples represented 1μg of human DNA which was amplified for 35 rounds in the presence of the indicated number of copies of cloned HIV DNA. Relative optical density was read at the termination of the detection reaction and normalized to 2 μl of the undiluted amplification reaction product. In all cases OD's of greater than 1.00 were based upon assays of diluted samples that gave OD readings between 0.1 and 1.0.